March 19, 2014

ADDENDUM # 1

RFI # 7548525

Title: Rhode Island Health Care Quality Measurement, Reporting and Feedback Submission

Bid Closing Date & Time: March 27, 2014 @ 10:30 AM (ET)

Notice to Vendors: **Attention All Bidders**

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

_____
David J. Francis
Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFI # 7548525 Rhode Island Health Care Quality Measurement, Reporting and Feedback Submission

Question 1:   Does the Agency currently have hardware and software roadmap or a preferred platform with which to integrate? Does the Agency currently employ Open Source tools for functions (such as cypress or PopHealth, mentioned in 3.2, Specific Question 2)?

> Answer to question 1: The State has standardized on VMWare hypervisor, HP blades and centers, Microsoft Windows, integrated authentication with Active Directory, tiered storage using a select group of vendors on an SAN with Brocade switches. The State also employs open source operating systems, tools, applications, and services such as Linux (CentOS and SuSE), Apache, mySQL, Ruby, PHP, etc. Open source tools are employed where there is a good use-case for them, and where they provide an advantage.

Question 2:   Does the Agency anticipate a conflict of interest if a group is developing one or more systems listed in Section 2.6?

> Answer to question 2:   No, the State does not anticipate a conflict of interest if a group is developing one or more of the systems that are described in Section 2.6 providing the group had no involvement in the development of this RFI.

Question 3:   At any time, would the system be required to store or report on PII data, or is it anticipated that the data would be sufficiently aggregated (to meet HIPAA reporting requirements)?

> Answer to question 3: The state is seeking input on how to best to collect, store, organize and report clinical quality measurement data, along with seeking input on which standards to use for the above functions. As such it is possible that system would use individual patient level data and thus have to maintain protected health information (PHII).

Question 4: Will this system create another data source, separate from those listed in Section 2.6, or is it anticipated that this system will use these and other systems as databases of record, with this system as a data aggregator or warehouse?

> Answer to question 4: The data systems listed in section 2.6 are not sufficient by themselves to achieve the goal of obtaining, analyzing, benchmarking, and feedbacking back healthcare quality data to providers and their practice settings to inform quality improvement, health care purchasing, and consumer choice. It is anticipated that much of the clinical quality measurement data will need to be obtained directly from providers offices and electronic health records at least in

2

the short term considering the state's HIE known as Current care can only hold data for individuals who have opted in. The state welcomes feedback based on your experience and expertise as to how the existing systems will be leveraged and used in support of this initiative.

Question 5:   What sources are anticipated for the collection of data from medical records? Is it solely the health information exchange; or is it data directly from providers as well?

> Answer to question 5: Please see response to Question number 4

Question 6: Do you plan for your solution to send CQMs both to the state for Medicaid Attestation and CQMs for Medicare to CMS? If yes, what will be the repository at the state level (i.e. what will the CQMs be stored in, and what reporting tools will be used?)

> Answer to question 6: One of the goals of this initiative is to simplify for providers the need to report a multitude of CQMs to a number of entities. Currently providers input their CQMS into the state's Medicaid EHR incentive program's attestation tool known as MAPIR, as well as send any required CQMs to Medicare or other payers. The state seeks input based on your experience and expertise as how the CQM data should flow, how and where the CQMS should be stored, what reporting tools should be used, and how the existing data systems could be leveraged or used in support of this initiative.

Question 7: Is your Direct HISP EHNAC-DTAAP (DirectTrust) accredited? If not, do you plan to use an EHNAC-DTAAP accredited HISP and if so when?

> Answer to question 7: The State does not administer or maintain its own Health Internet Service Provider (HISP). Rhode Island Quality Institute, which serves as the state's Regional Extension Center and the State's Designated Entity for HIE supports a vendor market place to assist providers by pre-vetting vendors. The vendor market place currently includes 4 HISPs, 2 that are accredited and 2 that are in the process of becoming accredited. Accreditation will become a requirement for all HISPs participating in RIQI's vendor market place and will likely be a requirement when the state implements using Direct.

Question 8: Do you have a certified connection to the eHealth Exchange operated by HealtheWay? If so, is it CONNECT 4.2-based? If not, do you plan to establish your own certified connection or are you willing to use someone else's certified connection?

> Answer to question 8: The state does not currently have a certified connection to the eHealth exchange. The Rhode Island Quality Institute RIQI, the state's designated entity for HIE does anticipate implementing a certified connection to the eHealth exchange.

3

Question 9: How do you plan to aggregate QRDA Category I files into QRDA Category III files?

Answer to question 9: The state seeks input based on your experience and expertise as how the CQM data should flow, how and where the CQMS should be stored, what reporting tools should be used, and how the existing data systems could be leveraged or used in support of this initiative.

Question 10: Do you plan to validate the CQMs before they are submitted to any repositories (i.e. pre-submission)? If so has a tool been selected?

Answer to question 10: As stated in section 2.5.2, data collection activities are anticipated to "include validating the data for accuracy and cleaning of the data to ensure minimum error in transfer as well as any manual input of necessary" The state seeks your feedback based on your experience, expertise and potential costs, as to which data elements, and to what extent CQM data should validated and if so what tools would be suggested.

Question 11: Do you have sufficiently large quantities of CQM test data or a plan for obtaining/generating large test decks of CQM data?

Answer to question 11: Some CQM data is currently being aggregated as part of the CSI project and could potentially be used for test data but it is mostly limited to numerator and denominator data.

Question 12: Do you plan to validate the NPI in the QRDA files such as by looking it up in your Provider Directory?

Answer to question 12: Please see the Answer to Question 10

Question 13: Do you plan to provide a "Patient Quality Portal" where Providers can log in to view and analyze their own CQMs?

Answer to question 13: As stated in section 2.5.4, data analytics and reporting activities are anticipated to "Analyze and display data through tools that provide different levels of actionable feedback to providers, payers, government and consumers (potentially including a web portal); Results would be reported to each practice as a way to evaluate current performance and as a way to develop an improvement plan if results are below benchmarks" The state seeks input based on your experience, expertise, and potential costs, on how to achieve the above

Question 14:Is it the intent of EOHHS to harmonize the quality measures with future APCD driven quality measures?

> Answer to question 14: The goal for this project is to develop and manage to harmonize a common set of core quality measures, including clinical, utilization and cost measures. The state seeks input based on your experience, expertise, and potential costs, on how to achieve the above and how to align measures across systems.

Question 15:   Have any measures specifically been selected to be part of this system? Is there a measurement advisory committee or structure currently in place?

> Answer to question 15: While there are no specific measures that have been agreed upon for this initiative and there is no current measurement advisory committee in place for this initiative, the CSI project does have a measurement advisory committee in place and has a growing set of measures they are tracking and there is good chance that will be the basis upon which this initiative is built.

Question 16:   Has a survey been performed on the 776 PCPs that achieved Meaningful Use 1? Is it known what core, alternate core, and additional Clinical Quality Measures were being calculated and submitted? Is there any list of which providers are using which EHRs?

> Answer to question 16: The state conducts an annual HIT survey of all licensed physicians, Nurse Practitioners and Physician Assistants in the state. It was last conducted in Jan 2013 (2014 has not been conducted yet). The survey does capture which providers are using which EHRs but that information is not contained in the report that is publically available on the Department of Health's website. Medicaid does run annual reports which indicate the number of providers that are attesting to each of the core, alternate core and additional quality measures but this would not account for the PCPs that achieved meaningful use through Medicare.

Question 17:Will the quality measurement program build upon the RI Beacon PCMH initiative? Will any of those same quality measures be used? Is there a master list of current measures?

> Answer to question 17: The RI Beacon PCMH initiative, which worked in partnership with the CSI initiative, provides a strong foundation for RI Healthcare Quality Measurement, Reporting and Feedback System. As stated in the RFI "This RFI seeks to continue and enhance upon this process, by expanding the analytic component; the process for risk adjustment of the measures, and the display and feedback mechanisms. CSI has also established a "measure harmonization" process by which all of the payers participating in the program agree upon the metrics, their specifications, and the benchmarks for achieving

5

contractual requirements. It is anticipate that the entity referred to in this RFI would support that process for CSI and other payment reform programs as they develop"

Question 18: Will any data be sourced directly from payer's data warehouses, or will the data strictly be sourced from the provider's own internal practice data?

Answer to question 18: It has been anticipated that much of the clinical quality measurement data would need to be obtained directly from providers and their electronic health records at least in the short term considering the state's HIE known as Currentcare can only hold data for individuals who have opted in. The state welcomes feedback based on your expertise and experience as whether data can be sourced from payers' data warehouses in addition to or in lieu of data obtained from provider offices or the HIE.

Question 19:   Will the APCD be used as a source for comparative benchmarks?

Answer to question 19: The goal for this project is to develop and manage to harmonize a common set of core quality measures, including clinical, utilization and cost measures. The state seeks input based on your expertise and experience as to whether and how APCD data could be used to support this initiative.

Question 20: The RFI talks to collection of calculated measure sets at a detailed or aggregate level. However, is it the intent of Rhode Island to also be able to use the new system to do additional measure calculation from patient level clinical or adminstrative detailed data?

Answer to question 20: It has been anticipated that clinical quality measurement data would need to be obtained directly from providers and their electronic health records. The state welcomes feedback based on your expertise and experience as whether administrative detailed data can be used in addition to or in lieu of patient level clinical data. Additionally the state seeks your feedback on whether aggregate data or individual patient level data should be collected.

Question 21: Can you please provide the vendor community with an overview of the state's current technical environment?

Answer to question 21: Please see the answer to question 1.

6

Question 22:   The RFI is silent with regards to security considerations. Can you please provide detail on the specific security protocols that will need to be implemented or followed?

Answer to question 22: Any sensitive data will need to be encrypted in flight using industry standard encryption algorithms, with stronger algorithms preferred. Some data may need to be encrypted at rest, depending on regulatory requirements. Industry best practices must be followed. Additionally, all data security policies in use by the state will need to be followed.

Question 23:   Can you please provide the vendor community with the planned RFP release and system implementation dates?

Answer to question 23: An RFP for Rhode Island Health Care Quality Measurement, Reporting and Feedback system will be issued when the state has decided on how best to structure and implement such a system. The state anticipates it will release an RFP within the next 3 to 4 months and implementation to begin within 12 to 15 months.

Question 24: Is this program currently funded?

Answer to question 24: Some initial funding has been identified; the State is continuing to identify additional sources of funding to support this initiative including the potential use of Medicaid EHR incentive program funds

Question 25:   Will the Health Data Organization/Intermediary be responsible for governance and community/provider relations or will there be a separate entity responsible for those components?   If it is a separate entity where will it be housed and administered? Is it currently part of the existing Rhode Island infrastructure?

Answer to question 25:
The state has not decided where the function of governance and community/ provider relations will reside. The state welcomes feedback based on your expertise and experience as to how to structure the governance of this program, which functions belong together, whether separate entities are desirable, whether these functions belong as part of the state government, an existing entity within the state, or a new entity .

Question 26: What if any regulatory deadlines will need to be met?

Answer to question 26: There are no known regulatory deadlines that need to be met at this time

Question 27: We understand that RI Healthcare Quality Measurement, Reporting and Feedback System, plans to create the capacity to obtain, analyze, benchmark, and feedback healthcare quality data from providers and their practice settings to inform quality improvement, health care purchasing, and consumer choice. Is this part of a current or future statewide analytics initiative?

Answer to question 27:   There are a variety of analytics initiatives underway throughout the state. The RI Healthcare Quality Measurement, Reporting and Feedback System is an effort to align and coordinate these efforts, creating a coherent approach that supports current and future state wide analytic initiatives and health care reform

Question 28:   What is the governance structure to implement and operate this program once established?

Answer to question 28: Please see the answer to question 25.

Question 29:   What are the timelines to procure the vendor to implement that RI Healthcare Quality Measurement, Reporting and Feedback System? What are the timelines to implement the system?

Answer to question 29: Please see Answer to Question 23

Question 30:   For the selection and harmonization of quality measures, is a significant amount of actuarial work going to be required? Has the state already started this work or is this going to be within the scope of this RFI?

Answer to question 30: At this point in time, the state has not determined what type or how much actuarial work would be required for the selection and harmonization of quality measures. The state welcomes feedback and input on what type of actuarial work might be needed and how to structure getting that work done.